

REQUEST FOR EMPLOYER REIMBURSEMENT FORM

NAME OF BOARD MEMBER: Priya Mathur
NAME OF STATE, SCHOOL, OR
PUBLIC AGENCY EMPLOYER: San Francisco Bay Area Rapid Transit District

I request that the CALPERS' Board approve reimbursing my employer for the direct and reasonable costs of employing a replacement for me while I am fulfilling my responsibilities and duties as an elected CALPERS Board member.

The costs are itemized as follows:

1 Replacement BART Employee Salary & Benefits	04/01/06 - 06/30/06	\$24,279.99
2 Replacement BART Employee Salary & Benefits	07/01/06 - 03/31/07	\$77,927.47

I therefore request that the Board approve reimbursement to my employer in the amount of \$102,207.46 to compensate my employer for the direct and reasonable costs of employing a replacement while I fulfill my responsibilities and duties as an elected CALPERS Board member.


Signature

04.20.06
Date

EMPLOYER CERTIFICATION OF REIMBURSEMENT AMOUNT :

I hereby certify that I am an authorized representative for the employer of the CALPERS Board member named above. I acknowledge that by signing this form, I am Certifying that the amount of reimbursement requested constitutes the direct and reasonable costs incurred by the employer in replacing this Board member.


Signature of Employer Representative

4-21-06
Date

Ed Pangilinan
Name

Assistant Controller
Title

**BOARD MEMBER EMPLOYING AGENCY
COMPENSATION REIMBURSEMENT CALCULATION AND CERTIFICATION FORM**

BOARD MEMBER NAME:
EMPLOYING AGENCY:
REIMBURSEMENT PERIOD :
Invoice Date: 03/27/06

Ms. Priya Mathur
Bay Area Rapid Transit District
04/01/06 - 06/30/06
Invoice Number: D-7731

CALCULATION OF EMPLOYING AGENCY REIMBURSEMENT FOR BOARD MEMBER COMPENSATION

MONTHLY SALARY		MONTHLY FRINGE BENEFITS <small>(Provide detail below)</small>	*	TOTAL MONTHLY COMPENSATION
\$7,876.58	+	\$2,240.08	=	\$10,116.66

DETAIL OF FRINGE BENEFIT EXPENSES

Type of Benefit	Amount	% of salary if applicable
Health Insurance	\$365.38	N/A
Dental Insurance	\$157.31	N/A
Vision Insurance	\$15.92	N/A
Life Insurance	\$38.96	N/A
PERS Pension	\$1,237.96	15.717%
Medicare	\$114.21	1.45%
Worker's Compensation	\$283.56	3.600%
State Unemployment	\$26.78	0.34%
Total	\$2,240.08	

MONTHLY BOARD MEMBER COMPENSATION (INC. BENEFITS	REIMBURSEMENT PERCENTAGE 80%	TIME PERIOD Months	TOTAL REIMBURSEMENT AMOUNT
\$10,116.66 X	0.80	3.00	\$24,279.98

TOTAL APPROVED REIMBURSEMENT AMOUNT	PREVIOUS REIMBURSEMENT AMOUNT	BALANCE DUE
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EMPLOYER CERTIFICATION :

SIGNATURE: 
PRINT NAME : Ed Pangilinan

DATE: 4-3-06
Title : BART Assistant Controller

** Per Government Code Section 20092, this reimbursement percentage is *limited* up to 25% of the Board member's total annual compensation (including benefits)

Revised June 2003

For the period of 4/1/06 through 06/30/06 **(REVISED)**.

Priya Mathur's PERS Monthly Reimbursement Calculations

100% of Salary and other compensation

	Amount	Percentage Of Salary	Reimbursement Percentage	Amount
Salary*	\$7,876.58	N/A	100%	\$7,876.58
Health Insurance	\$365.38	N/A	100%	\$365.38
Dental Insurance	\$157.31	N/A	100%	\$157.31
Vision Insurance	\$15.92	N/A	100%	\$15.92
Life Insurance	\$38.96	N/A	100%	\$38.96
PERS Pension**	\$1,237.96	15.717%	100%	\$1,237.96
Medicare	\$114.21	1.45%	100%	\$114.21
Workers' Comp	\$283.56	3.6000%	100%	\$283.56
State Unemployment	\$26.78	0.34%	100%	\$26.78

Monthly Total	\$10,116.66
3 mos equiv	\$30,349.98
Annual Equiv	\$121,399.92

**Pers Pension includes both Employer Rate-8.717% & Employee Rate-7.0%

**BOARD MEMBER EMPLOYING AGENCY
COMPENSATION REIMBURSEMENT CALCULATION AND CERTIFICATION FORM**

BOARD MEMBER NAME:
EMPLOYING AGENCY:
REIMBURSEMENT PERIOD :
Invoice Date: 03/27/06

Ms. Priya Mathur
Bay Area Rapid Transit District
07/01/06 - 03/31/07
Invoice Number: D-7732

CALCULATION OF EMPLOYING AGENCY REIMBURSEMENT FOR BOARD MEMBER COMPENSATION

MONTHLY SALARY		MONTHLY FRINGE BENEFITS <small>(Provide detail below)</small>		TOTAL MONTHLY COMPENSATION
\$8,034.11	+	\$2,789.15	=	\$10,823.26

DETAIL OF FRINGE BENEFIT EXPENSES

Type of Benefit	Amount	% of salary if applicable
Health Insurance	\$350.50	N/A
Dental Insurance	\$157.31	N/A
Vision Insurance	\$15.92	N/A
Life Insurance	\$39.36	N/A
PERS Pension	\$1,262.72	15.717%
Medicare	\$116.49	1.45%
Worker's Compensation	\$289.23	3.600%
State Unemployment	\$27.32	0.34%
MPPP	\$295.71	N/A
Flex	\$4.25	N/A
Disability Short	\$45.00	N/A
Disability Long	\$27.75	N/A
Sick Leave BB	\$37.08	N/A
Retirement BB	\$120.51	0.4615%
Total	\$2,789.15	1.5000%

MONTHLY BOARD MEMBER COMPENSATION (INC. BENEFITS	REIMBURSEMENT PERCENTAGE 80%	TIME PERIOD Months	TOTAL REIMBURSEMENT AMOUNT
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\$10,823.26 X	0.80	9.00	\$77,927.47
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TOTAL APPROVED REIMBURSEMENT AMOUNT	PREVIOUS REIMBURSEMENT AMOUNT	BALANCE DUE
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EMPLOYER CERTIFICATION :

SIGNATURE: 
PRINT NAME : Ed Pangilinan

DATE: 4-3-06
Title : BART Assistant Controller

** Per Government Code Section 20092, this reimbursement percentage is *limited* up to 25% of the Board member's total annual compensation (including benefits)

For the period of **July 1, 2006 through March 31, 2007.**

Priya Mathur's PERS Monthly Reimbursement Calculations

100% of Salary and other compensation

	Amount	Percentage Of Salary	Reimbursement Percentage	Amount
Salary	\$8,034.11	N/A	100%	\$8,034.11
Health Insurance	\$350.50	N/A	100%	\$350.50
Dental Insurance	\$157.31	N/A	100%	\$157.31
Vision Insurance	\$15.92	N/A	100%	\$15.92
Life Insurance	\$39.36	N/A	100%	\$39.36
PERS Pension	\$1,262.72	15.7170%	100%	\$1,262.72
Medicare	\$116.49	1.45%	100%	\$116.49
Workers' Comp	\$289.23	3.6000%	100%	\$289.23
State Unemployment	\$27.32	0.34%	100%	\$27.32
MPPP	\$295.71	N/A	100%	\$295.71
Flex	\$4.25	N/A	100%	\$4.25
Disability Short	\$45.00	N/A	100%	\$45.00
Disability Long	\$27.75	N/A	100%	\$27.75
Sick Leave BB	\$37.08	0.4615%	100%	\$37.08
Retirement BB	\$120.51	1.5000%	100%	\$120.51
Monthly Total				\$10,823.26
9 Months' Equiv.				\$97,409.34
Annual Equiv				\$129,879.12

Note: The figures here are just estimated projections since there might be changes in the Benefit Rates.

The salary was based on a 2% increase for AFSCME employees effective 7/1/06.